

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKJuel Roundtree

15CV 6582

(In the space above enter the full name(s) of the plaintiff(s).)

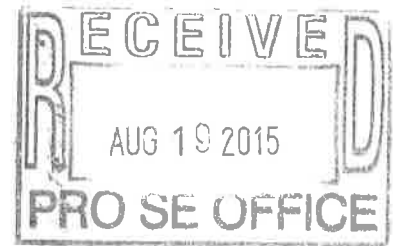
-against-

New York City  
Department of Corrections  
Dept. of Justice  
NYPD

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Juel Roundtree  
349 150 5881  
GRVC  
09-09 Hazen St.  
E. Elmhurst NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Where Currently Employed

Address

New York City

Shield #

Defendant No. 2

Name Dept. of Correction Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3

Name Dept. of Justice Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4

Name NYPD Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

RIKERS Island

B. Where in the institution did the events giving rise to your claim(s) occur?

Cashiers Office

C. What date and approximate time did the events giving rise to your claim(s) occur?

12/26/2003 until Current date

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

Facts: Through a variety of false arrest situations, including not being mirandized, false charges being dropped, forced plea deals and the like. Regardless, of guilt or innocence RIKEL's Island and 125 white st, seem to be charging me money for phone calls, commissary and disciplinary hearings. I have had numerous charges dismissed, yet even when NYC and NYPD are obviously at fault the monetary charges remain in my case over 10 years, yet they have continually lost my property, stolen from me etc, yet there is ~~no~~ no tab running for that. Also, I have been searched nude on camera at times, even though only charged with misdemeanors. I have bailed out for years yet prior to 2011, never received any bail money back. Also, I am now physically disabled and housed with younger, healthier, much more violent men with no concern for my safety or my lack of well being.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I suffer PTSD, Manic depression with psychotic features as well as, a host of physical ailments made much worse by the above conditions. I am precluded from buy food or snacks or making call & sending mail as I'd like due to the mystery \$1000 I always seem to owe.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GRVC, ARDC, MDC etc.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Different bldgs. different times

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any? NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Dont remember

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed.



when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like my account debt at \$0, I would also like policy changes to this corrupt system.

I think men should be confined closer to their own age, and C.O.'s be scrutinized, picked and trained better.

I am seeking \$5,000,000 for years of abuse, disrespect, discomfort, theft, deception and civil and human right violations.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

On  
these  
claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

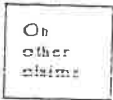
5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_



C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No \_\_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Juel Roundtree

Defendants Health & Hospitals Police, NYC etc.

2. Court (if federal court, name the district; if state court, name the county) Southern district

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case UNKNOWN

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition 2006

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) ended because they claimed

I could not be found in a fraudulent lie.


I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff

Inmate Number

Institution Address

  
349150 5881  
GRVC  
09-09 HAZEN St.  
E. Elmhurst NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:





Juel Roundtree 344.150.5881  
GRVC 09-09 Hazen St.  
E. Elmhurst N.Y. 11370

USMP8  
SDNY

RECEIVED  
AUG 19 2015  
PRO SE OFFICE

Pro-se Office  
United States Dist. Court  
Southern Dist. of New York  
500 Pearl St. RM. 230  
N.Y. , N.Y. 10007

